

HEALTHFACT SHEET

MYTH: EXPRESS CONSENT IS REQUIRED TO SHARE INFORMATION FOR HEALTH CARE PURPOSES

Under Ontario's health privacy law, health information custodians, such as hospitals, doctors, laboratories and other health care providers generally do not need express consent to share personal health information with each other for health care purposes. As custodians, they may rely on implied consent. For more information, please refer to the Circle of Care: Sharing Personal Health Information for Health-Care Purposes.

MYTH: EXPRESS CONSENT MUST BE IN WRITING

Individuals may consent verbally in situations where a custodian requires express consent, such as when sharing health information with someone who is not a custodian or for a purpose other than providing health care. Custodians should document verbal consent in the individual's health record.

MYTH: INDIVIDUALS DO NOT HAVE A RIGHT TO SEE OR GET A COPY OF THEIR RECORDS

Individuals have a right to access and get a copy of their health records, with few exceptions, such as when access may result in a risk of serious bodily harm. For example, a doctor may refuse to let a patient with a serious mental health condition see a portion of their medical record if having access to this information could lead to violence against staff involved in their care. While custodians may require a written request, the law does not prevent them from responding to verbal requests and communicating with individuals about their health records.



MYTH: INFORMATION CANNOT BE USED FOR EDUCATIONAL PURPOSES

Custodians can use personal health information, without consent, to educate those providing health care on their behalf. However, they can only provide personal information if other information (such as non-identifying information) would not be sufficient. Where custodians need to use identifiable information, they should only use the minimum amount necessary.

MYTH: INFORMATION CANNOT BE SHARED WITH FAMILY MEMBERS

In some cases, custodians may share health information with family members without the express consent of the individual. For example, they can do so if the family member is the substitute decision-maker or if the individual is deceased and a spouse, partner, sibling, or child needs the information to make decisions about their health care or that of their children.

